Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

		CLAIMS AS	SI	SMALL ENTITY			OTHER THAN					
			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			30					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			多り minus 20=		* ¡ð			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			5 minus 3 =		* 2			X42=		OR	X84=	16
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	1.42
* If the difference in column 1 is less than				ro, enter	"0" in c	olumn 2	ᆫ	TOTAL		OR	TOTAL	1093
	С	LAIMS AS A	MENDED	MENDED - PART II				İ			OTHER	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A	gana kanalan Japan	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM			+140=		OR	+280=	
TOTAL											TOTAL	
								DDIT. FEE		OR	ADDIT. FEE	
_		(Column 1)		(Colur		(Column 3)	_			1 1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL DIT. FEE		ΛÞ	TOTAL	
	(Column 1) (Column 2) (Column 3)										ADDIT, FEE	
	The Handridge of L	CLAIMS		HIGH		(Coldinii o)	_		4551			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=			X84=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		H	7.42-		OR	704-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the entry in column 7 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		ber Previously Pa					r found	d in the apr	rooriate box	in co	lumn 1	